

County: Langlade
EASTVIEW MEDICAL & REHAB CENTER
729 PARK STREET

Facility ID: 8600

Page 1

ANTIGO 54409 Phone: (715) 623-2356

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 161

Total Licensed Bed Capacity (12/31/00): 173

Number of Residents on 12/31/00: 159

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

Yes

153

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%	
-----		-----				-----		-----	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	49.7		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	32.7		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.1	More Than 4 Years	17.6		
Day Services	No	Mental Illness (Org./Psy)	27.7	65 - 74	9.4		----		
Respite Care	No	Mental Illness (Other)	7.5	75 - 84	30.2		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.4	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	3.8		100.0	(12/31/00)			
Other Meals	No	Cardiovascular	14.5	65 & Over	96.9	-----			
Transportation	No	Cerebrovascular	10.7	-----	-----	RNs	11.9		
Referral Service	No	Diabetes	11.3	Sex	%	LPNs	3.1		
Other Services	Yes	Respiratory	1.9	-----	-----	Nursing Assistants			
Provide Day Programming for		Other Medical Conditions	22.6	Male	21.4	Aides & Orderlies			
Mentally Ill	No		----	Female	78.6	37.6			
Provide Day Programming for			100.0		----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	5	17.2	\$257.63	2	1.8	\$107.20	0	0.0	\$0.00	1	5.9	\$150.00	0	0.0	\$0.00	8	5.0%
Skilled Care	24	82.8	\$294.08	109	96.5	\$91.56	0	0.0	\$0.00	14	82.4	\$150.00	0	0.0	\$0.00	147	92.5%
Intermediate	---	---	---	2	1.8	\$75.93	0	0.0	\$0.00	2	11.8	\$75.00	0	0.0	\$0.00	4	2.5%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	29	100.0		113	100.0		0	0.0		17	100.0		0	0.0		159	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	12.0	Daily Living (ADL)				
Private Home/With Home Health	3.1	Bathing	5.0	73.0	22.0	159
Other Nursing Homes	2.0	Dressing	10.1	71.1	18.9	159
Acute Care Hospitals	81.5	Transferring	27.7	49.7	22.6	159
Psych. Hosp. -MR/DD Facilities	0.3	Toilet Use	22.0	54.7	23.3	159
Rehabilitation Hospitals	0.0	Eating	62.3	27.7	10.1	159
Other Locations	1.1	*****				
Total Number of Admissions	357	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		3.8	Receiving Respiratory Care	18.2
Private Home/No Home Health	28.9	Occ/Freq. Incontinent of Bladder		64.2	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	22.5	Occ/Freq. Incontinent of Bowel		35.2	Receiving Suctioning	0.6
Other Nursing Homes	1.7				Receiving Ostomy Care	2.5
Acute Care Hospitals	20.5	Mobility			Receiving Tube Feeding	3.8
Psych. Hosp. -MR/DD Facilities	0.3	Physically Restrained		2.5	Receiving Mechanically Altered Diets	35.2
Rehabilitation Hospitals	0.0					
Other Locations	3.2	Skin Care			Other Resident Characteristics	
Deaths	22.8	With Pressure Sores		4.4	Have Advance Directives	100.0
Total Number of Discharges (Including Deaths)	346	With Rashes		17.6	Medications	
					Receiving Psychoactive Drugs	53.5

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			100- 199		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.4	80.4	1.10	82.6	1.07	84.1	1.05	84.5	1.05
Current Residents from In-County	98.7	74.2	1.33	79.7	1.24	76.2	1.30	77.5	1.27
Admissions from In-County, Still Residing	21.6	19.0	1.14	22.3	0.97	22.2	0.97	21.5	1.00
Admissions/Average Daily Census	233.3	135.3	1.72	126.4	1.85	112.3	2.08	124.3	1.88
Discharges/Average Daily Census	226.1	137.7	1.64	127.9	1.77	112.8	2.00	126.1	1.79
Discharges To Private Residence/Average Daily Census	116.3	57.0	2.04	52.7	2.21	44.1	2.64	49.9	2.33
Residents Receiving Skilled Care	97.5	89.4	1.09	89.2	1.09	89.6	1.09	83.3	1.17
Residents Aged 65 and Older	96.9	95.9	1.01	95.1	1.02	94.3	1.03	87.7	1.10
Title 19 (Medicaid) Funded Residents	71.1	71.6	0.99	70.7	1.01	70.1	1.01	69.0	1.03
Private Pay Funded Residents	10.7	19.0	0.56	19.5	0.55	21.4	0.50	22.6	0.47
Developmentally Disabled Residents	0.0	1.2	0.00	0.9	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	35.2	35.9	0.98	36.3	0.97	39.6	0.89	33.3	1.06
General Medical Service Residents	22.6	18.2	1.24	19.1	1.19	17.0	1.33	18.4	1.23
Impaired ADL (Mean)	47.2	47.3	1.00	48.4	0.98	48.2	0.98	49.4	0.96
Psychological Problems	53.5	45.0	1.19	49.3	1.08	50.8	1.05	50.1	1.07
Nursing Care Required (Mean)	10.3	6.7	1.53	6.5	1.57	6.7	1.53	7.2	1.44